FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BO

2014 MAY -5 PM 1: 37

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12ᵗʰ, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

[Reset Form]

COMMITTEE NAME *(Must be same as on Statement of Organization)*

Flynn for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: **5**
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:
Candidate Name
Steven C. Flynn

Political Party (If applicable)
Democratic

Office Sought
Jackson County Supervisor

District (If Senate or House)

FORM	
DR-2 (Rev. 12/2009)	DISCLOSURE REPORT

For Office Use Only
Comm. # __17869__
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Susan Clark

563/357-2037

May 5, 2014

SIGNATURE OF PERSON FILING REPORT | TELEPHONE | DATE SIGNED

I AM FILING A __Jan. 1, 2014-May 14, 2014__ REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate by # **1**

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☑ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
_____

County & Local Committees, enter County in which Election is held
Jackson

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ....$	73.93
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	0.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL..........$	73.93
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...........	0.00
Schedule F: Loan Repayments total (Attach Schedule F)	73.93
CASH ON HAND at the end of this reporting period (If final report balance must be zero) ....$	0.00
**UNPAID BILLS (From Schedule D - Attach Schedule D)........$	0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ....$	726.07
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)........$	0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	___ YES √ NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $	0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

| SCHEDULE E (Rev. 06/97) | IN-KIND CONTRIBUTIONS |

COMMITTEE NAME (*Must be same as on Statement of Organization*)

Flynn for Supervisor

Reset Form

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
4-15-14	Steven C. Flynn 22135 92nd Street Maquoketa, IA 52060	self	loan forgiven	$ 726.07	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$ 726.07	
			TOTAL (If last page of this schedule)	$ 726.07	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page __1__ of __1__ (for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

| | RESET | SCHEDULE F (Rev. 02/08) | LOANS RECEIVED & REPAID |

COMMITTEE NAME(Must be same as on Statement of Organization)

Flynn for Supervisor

☐ CHECK THIS BOX IF AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM <u>LAST</u> REPORTING PERIOD $ 800.00

PART I - MONETARY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			$

TOTAL (PART I) $ 0

PART II - MONETARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
4-15-14	Steven C. Flynn 22135 92nd Street Maquoketa, IA 52060	self	$ 73.93

TOTAL CASH REPAYMENTS (PART II) $ 73.93

From Schedule E -- TOTAL LOANS FORGIVEN $ 726.07

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ 0

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page 1 of 1
(for Schedule F)